## **EXHIBIT G**



March 25, 2020

BY FACSIMILE: 1.402.361.1460 HARD COPY BY REGULAR MAIL

Claims Shared Services
The Lincoln National Life Insurance Company
Post Office Box 2337
Omaha, NE 68103

RE: Claimant: David Norman Pellin

Claim Number: 1140000561

Policy Number: 00001010804800000

Dear Sir/Madame:

I hope this finds you well.

As you are aware, this firm represents David Norman Pellin in his appeal for long-term disability benefits with Lincoln Financial Group. Please accept this as our second appeal of the termination of disability benefits on behalf of Mr. Pellin.

MAILING ADDRESS: 2400 Freeman Mill Road

Greensboro, NC 27406

CrumleyRoberts.com

Ste. 200

336-333-9899 336-333-9894 Fax

**800.288.1.LAW** 800.288.1529

At this time, we request that Lincoln conduct an independent review of Mr. Pellin's first appeal and the documents submitted with that appeal, as well as the supplemental documents submitted thereafter. We reserve the right to supplement any additional documents on Mr. Pellin's behalf, should we become aware of any.

Thank you for your time and consideration of this request.

Sincerely,

CRUMLEY ROBERTS, LLP

Attorney